**CIH Transform Webinar**
**Participants and Families**
**December 10, 2015, 5:00 PM**
**December 19, 2015, 10:00 AM**

*The following questions and answers are from the December 10 and 19, 2015 CIH Transform Family Webinar. Based on feedback during public comment, modifications to the draft application have been made, therefore, please note that questions that are no longer relevant to the CIH waiver application have not been included in this document. In addition, if additional information has become available or an answer changed since the Webinar, you will find an *asterisk by the answer with the corrected information for the waiver application as submitted. Questions are categorized by topic for convenience of the reader, with duplicates or very similar questions removed. Questions regarding this document or the CIH waiver application may be submitted to CIHW@fssa.in.gov*

## Implementation of Proposed Changes:

**When will proposed changes go into effect?**
DDRS is currently aiming to have changes implemented no later than October 1, 2016. However, implementation is heavily dependent upon CMS response to the waiver application and DDRS response to CMS questions.

**Will the final changes to the amendment be posted on the website on January 4th when it is submitted so we can see what the final changes were and the feedback answers?**
DDRS will share the final version of the waiver amendment to be submitted to CMS on January 4.

**Can you advise how long it should take to receive a response from a CIH application?**
Start and stop time for application review is different application to application, depending on what additional information is needed. If you have submitted and application and it has taken a long time, please let us know. The average wait time should be 30-45 days, but it may take longer, especially if additional information is needed.

**When will changes go into effect?**
If DDRS receives approval, we have asked to be able to implement the changes in October 2016. This will allow time for the training activities required to support the full implementation of the waiver amendment.

**How can you possibly review all public comments and process those during the 2-3 working days before you have to submit them to CMS?**
The comments are reviewed as they are submitted. Rather than wait until the 2-3 working days between public comment and formal submission, DDRS understands that staff may be required to work non-traditional hours in order to complete the waiver amendment in time for submission and has dedicated the resources necessary to accomplish these tasks.

**Based on the timing, it feels like the public comments will be irrelevant and it would be futile for participants to submit anything.**
DDRS is already receiving public comments, developing responses and/or modifying the waiver amendment based on these comments. It is critical to DDRS that these comments are submitted and DDRS will address them and make modifications to the waiver application based on the merit of the comments. Based on public comment, several revisions were made to the waiver application*

**It feels as though perhaps the sooner a family or provider submits comments the more they would be listened to, please correct me if I'm wrong.**
All comments will be given equal weight. Comments submitted on the last day will be given the same consideration as all other comments submitted. DDRS acknowledges that additional comments may be received at the end of the comment period which have not been considered and need to be addressed prior to submitting the waiver amendment to CMS.

## Services:

**What other services can participants use if they use Adult Family Living?**
If a waiver participant chooses to use Adult Family Living, he or she may choose to access any non-residential day services. The services that may not be accessed are Enhanced Residential Living, Residential Habilitation and Support, Participant Assistance and Care, and Intensive Residential Supports Behavioral and Medical.

**What are the educational requirements for providers to provide Intensive Support Coordination?**
As written in the CIH Waiver amendment:
"When the waiver participant's primary risk is in the area of challenging behaviors, ISC minimum qualifications will include a Bachelor's degree in psychology, social work, or counseling with applicable licensure and experience.

When the waiver participant's primary risk is in the area of medical needs, ISC minimum qualifications will include a Bachelor's degree in social work, nursing, psychology, gerontology or rehabilitation with applicable licensure and experience.

Someone whose education differs from these requirements can submit a request for approval, to the DDRS Director or his/her designee, to provide ISC based on their degree and years of experience."
Please feel free to provide DDRS feedback if there are educational requirements that you would like to see included within this service definition.

**Can an individual access both RHS and PAC under the CIH waiver?**
For a several services included under the CIH Waiver, DDRS has included a limitation on receiving PAC. For others, this provision has not been included. Because the goals are somewhat different from other, more comprehensive residential services, DDRS is still in the process of determining which services should include a provision to include PAC. DDRS welcomes any feedback from families on which services might include PAC to benefit waiver participants.

**Other than intensive needs and transportation, will a CIH waiver participant currently in supportive living with an approved provider be affected by the proposed amendment?**
DDRS does not anticipate negative impacts on waiver participants. Service planning may be different due to the elimination of buckets, but DDRS expects this change to increase consumer flexibility.

**It is so hard to find good qualified people as caregivers who are willing to stay with an individual long-term, yet the waiver prevents many of those people by restricting family members to less than 40 hours per week. Why does DDRS continue this restriction?**
U.S. Department of Labor regulations prevent any caregiver from billing for more than 40 hours per week without creating complex challenges in providing payment. DDRS can provide additional information about these regulations to interested individuals.

DDRS is willing to consider a method for allowing multiple family members to provide supports to individuals under the CIH Waiver. Please feel free to provide feedback on how you think this approach could be structured to support your loved one.

**Conflict of interest, liability, assumption of responsibility, continuity of care all remain huge barriers for a separate entity to provide the "additional" CHIO hours outside of the 10hr limit. As a result, many allocated dollars are going unused by individuals and families, or these individuals are placed on waiting lists for alternative day services. The removal of the "Days" bucket would help eliminate this challenge going forward. However, is the current arrangement for rates under RHS - Daily being revisited?**
The service definition for CHIO is currently written to establish a 10 hour limit to the same provider. If there are issues with accessing CHIO providers in different parts of the state, it is important that individuals and their families share this information with DDRS so that access issues may be resolved. The information that DDRS currently holds shows that most people who get CHIO do have at least one alternative provider option. We hope that the elimination of some buckets will help provide funding flexibility for all waiver participants.

**I think one of the issues regarding respite nursing alluded to earlier in the conversation, is that the reimbursement rate is so low, finding a nurse to do the work below his/her typical pay rate is nearly impossible. An LPN wants at least $20 an hour and an RN wants at least $25 an hour. The reimbursement rate does not support the ability to pay the nurses.**
This information is helpful to us. DDRS will review reimbursement rates through other Medicaid programs to see if this issue can be addressed.

**The 40 hour limitation for family members is a combined 40 hour limit for all family members. Can the 40 hour limitation be broken out to 40 hours per family member rather than 40 hours total?**
If this is something you would like to see, DDRS will take this recommendation into consideration.

**I'm hoping a discussion will open with the state Department of Health regarding delegation of some lower level "nursing tasks" to trained support level staff, with close nursing oversight. This change could possibly give some relief to address the growing nursing shortage.**
This is helpful information for us. Thank you for your feedback.

**I have RHSO consumers who don't have enough staff to do CHIO When team spoke to alternate providers, they would not accept the CHIO, due to liability issues.**
If additional information can be provided about this specific case, DDRS can look into this issue.

**What is the current reasoning for limiting to 40 hours for family? Why was that policy put into place?**
There are situations when it is hard for participants if family is not providing acceptable care. In these instances, checks should be put in place to ensure that appropriate care can be provided. When others provide services within the home, the assistance can help improve services received by the waiver participant. As families, if you feel very strongly and could help us understand instances when this is a problem, it would help us to best structure a model that would improve benefits to waiver participants.

**I have a minor child with an elopement risk. I am personally disabled with a cognitive disorder and nerve damage, and I take medications that frequently cause me to fall asleep. Our issue is that when I'm alone with him by myself, there's risk of him eloping. We currently receive the Family Supports Waiver, but are interested in getting the CIH Waiver to ensure his safety when I'm alone with him. Would the CIH Waiver be an option for us?**
The current process is that your current case manager on the Family Supports Waiver will walk you through the information that you need to submit to apply for the CIH Waiver. In your particular case, you would apply under the health and safety category. DDRS would review this application and respond to you. The response that you get back is appealable. If you talk to your case manager and do not receive the assistance you're hoping to receive, you can contact your local BDDS office. DDRS can assist you in locating your local BDDS office if necessary.

**It's important for families to be able to provide supports, because sometimes family are often the most devoted to the individual on a long-term basis. Plus the rules as they are currently written allow relatives of a live-in significant other to provide care, but not parents or their relatives.**
This information is helpful in assisting us to structure a model that benefits waiver participants.

**Transportation presently on the waiver is not truly CHIO-friendly for individuals as the provider must stop billing RHS to bill for transportation. The transportation reimbursement really only works for group transportation of individuals to be fiscally possible**.
This is helpful for us to look at how providers are arranging services. One of the reasons we separated employment transportation from other services was to increase funds available for transportation and recognize that different types of transportation warrant different staffing patterns for providers.

**Assuming that waiver participants have no intensive needs, what is the impact on a CIH waiver participant living with one or more housemates in his/her own home?**
A key change for waiver participants in this scenario is the change in the way funds are allocated. Under the proposed changes, "buckets" would no longer be the methodology for allocation, and participants will instead receive a "total allocation" so that individuals may use funds flexibly to meet their needs. Finally, additional funds for transportation will be available for participants seeking community employment or volunteer activities. Transportation for employment may include assistance in getting to and from employment or volunteer activities, or assistance in learning how to navigate public

transportation options.

DDRS does not expect any negative impact for waiver participants under these changes.

**The current restrictions on CHIO hours are limiting my son's involvement and make it difficult for supportive living staff to meet needs. Can you please provide an explanation for limits placed on CHIO hours?**
Under previously implemented changes to CHIO hours, DDRS has tried to offer flexibility for individual to use CHIO with a different provider to build in checks and balances. If there is a barrier to accessing additional CHIO that would be available, please feel free to share feedback on these experiences with us. Under the service definition, our goal is to give waiver participants additional flexibility to use that CHIO with a different provider beyond the first 10 hours, while accessing the service at the same level.

**Will a caregiver be allowed to bill while a client is receiving therapy under the CIH Waiver?**
According to CMS guidelines, providers cannot bill for two services at the same time. When sharing staffing supports for more than one person, residential services are billed as a daily rate. Participants do have access to other services and the provider can still bill for that day, even though the individual is receiving other services.

**We are on a waiting list for music therapy now. If I understand your answer correctly, then we would have to schedule the therapy outside of when our RH services are being provided while my husband and I are at work during the day? Is there no way around that? I can't see our RH provider agreeing to stop billing for the hour or so a week while he still needs assistance and support during that time. The therapist isn't going to do personal care if my son needs it during the hour they are in the house.**
Medicaid's law is very clear that services cannot be billed simultaneously. If there are concerns with planning service options and when those things can interact, your case manager should be able to help you do that to best meet your son’s needs within the guidelines set forth by CMS. If you feel that your case manager has not provide appropriate guidance regarding this issue, a member of the DDRS staff would be happy to follow up with you.

**Is Intensive Residential Supports only for someone with an acute exacerbation of an existing condition?**
It could be. The intense residential options are intended to be a short term service for someone who could have an exacerbated condition where the support needs have changed and caused the individual the need for increased support. The ISP team would be responsible for reviewing the status and making recommendations. We know that there are individuals who, at times, have additional needs. Intensive Residential Supports will generally be more time limited, but we also know that individuals that may have needs that will require this service for a longer period of time.

**Is Intensive Support Coordination a service that will be provided in addition to the current Case Management?**
No, Intensive Support Coordination is intended to be a different type of case management service that will replace the current case management that the participant would be receiving.

**Is IRS only for individuals living with housemates or can individuals living in the family home or alone participate?**
Based on the service definition, if someone demonstrates a need to live alone, the service may be delivered in this manner.

**If an individual is in IRS, can they have Residential Habilitation, CHIO, etc.?**
The individuals would still have funds available to provide additional services outside of the residential habilitation services.

**What is happing to the RHS daily at the end of September?**
The RHS daily service will be modified to Enhanced Residential Living. The service definition and rate have been modified. It will still include a daily rate*.

**How would you support someone with chronic medical or behavioral needs?**
This would be determined by the input and recommendations of the ISP team when or if they apply for Intensive Residential Support Behavioral or Medical. This service bundles some supports together to create a more comprehensive service delivery focused on the needs of the individual. They are intended to create additional opportunities for choice in service delivery. Also, they can cover periods of time where the individual requires additional support.

**How do you know if an individual falls into the IRS area?**
As we move to implement the clinical review team model, the ISP team would decide whether IRS would benefit the waiver participant. The application and supporting documentation would then need to go through the Clinical Review Team for review according to policies and procedures which will be developed. Since the clinical review team has not existed previously, this process is being discussed and will be communicated to stakeholders once finalized.

**Under IRS-Behavioral, will the person be able to live by himself or herself with support staff for 24/7 supervision?**
The determination would depend on decisions made by the ISP and the Clinical Review Team. If the individual demonstrates that he or she cannot live with another individual and all parties are in agreement, then this service could be utilized. This service could be an option if you are an individual who needs to live alone or if you need additional support in shared staffing environment.

## Clinical Review Team

**Who is the DDRS Clinical Review Team and will members have choice of these people who are overseeing their care?**
The Clinical Review Team are contractors of the state from multiple disciplines who will provide input into the care of waiver participants. The requirements for the members are listed in the service definition, and members will provide additional support to the ISP team. There are no plans for the Clinical Review Team to be chosen by the participants. If there are strong feelings about the need to have this happen, please comment on the waiver application through public comment

**Will the Clinical Review Team have a waiver provider on the team?**
The qualifications of the members of the Clinical Review Team have been included in the service definition. DDRS also acknowledges that professionals from different disciplines, which are not currently listed in the definition, may be required in order to appropriately determine the types and level of services that an individual enrolled in the CIH waiver may require.

**Is there an appeals process to the clinical review team decision?**
The decisions of the Clinical Review Team are appealable decisions.

**Is the Clinical Review Team charged with making decisions affecting cost control?**
The decisions made by the Clinical Review Team will not be based on controlling costs. The clinical review team will evaluate the need of the individual to ensure that appropriate and effective services are provided to address the participant's demonstrated needs.

**Will the review team have a background with the individuals we serve?**
Yes, they will have required backgrounds with the individuals supported by the CIH waiver.

**Are there other states doing Clinical Review Team?**
All states do things differently; however there are states that utilize similar processes in the review of cases which may require a higher level of support. Indiana utilizes a similar structure in reviewing a need for services in other state programs such as what occurs through the Medical Review Team within the Division of Family Resources for purposes of Medicaid eligibility for certain aid categories.

**With this new service will the ALGO level change where an individual may be placed?**
Access to the new services will be determined by the documentation of a demonstrated need submitted by the ISP team and reviewed by the DDRS Clinical Review Team. Service decisions for the intensive services will not be determined based off ALGO level.

**Is the DDRS Clinical review an option or will it be mandatory?**
There is a required participation by the Clinical Review Team in the review of intensive services. The Clinical Review Team will be utilized throughout the process, not only to determine the need for services, but to monitor service delivery and ensure quality outcomes.

## Case Management

**What if the case manager does not have the educational background for ISC?**
Someone whose education differs from these requirements can submit a request for approval, to the DDRS Director or his/her designee, to provide ISC based on their degree and years of experience

**As written, I don't see that a participant could keep his or her case manager if he/she needs intensive support, is that correct?**
The same case manager could still be qualified to provide the service. The new guidelines under Intensive Support Coordination allow for more intensive services to be delivered. Since these individuals

may require this additional support, and the associated tasks may be more time consuming, this service allows the case manager to account for the increased workload.

## Training

**Can you speak to the enhanced training requirements for direct care staff? Will staff be paid during this training?**

DDRS cannot determine whether staff will be paid during training. The training requirements were developed based off of reviews of other states and best practices, with the goal of providing a clearer outline of the skills that are critical to the care of the individuals and populations under the CIH waiver.

## Budgets and Funding

**How would IRS affect an individual's budget?**

It is unknown at this time how IRS will affect an individual's budget. The ISP team and Clinical Review Team will evaluate the required supports, and the budget will be developed based on determined need. The budgets will be much more individualized than utilizing the buckets that currently exist.

**How will you incentivize agencies to pay staff well?**

Agencies are responsible for determining the rates of pay for staff. The State is attempting to more clearly define the required outcomes. The rates that have been established should allow providers to develop higher wages for those staff with more experience who may be qualified to provide more intensive supports.

**When individuals that you serve can't access services because of a lack of providers, would you ever consider taking the nursing respite bucket and allowing agencies like the Arc to take that money and get services through other providers? These providers may have a higher rate, so we would get fewer services, but it would be helpful. Just a suggestion to allow people to access those services more.**

This approach is called self-directed care. A lot of states have started offering services through self-directed care. Under this model, people arrange payment to the provider. In Indiana, we haven't explored this through DD waivers but Aging has done this. We have begun thinking about this approach and think there may be some potential value. There isn't a way to do this now, but if families feel that that self-directed option would be useful, that would be vital information moving forward.

**Unused funds tied up within the "Days Reserve" has been a significant issue since 8/1/15 CHIO limit rollout. I would imagine the easiest way to research this statewide would be to evaluate all budgets affected to see how much funding remains "unallocated" at this time. While this will result in a significant savings to the State of Indiana and Medicaid, it essentially equates to large budget cuts across the board for those affected being left with money that cannot be utilized due to multiple barriers under "Days Reserve." If removal of this requirement on the new proposal makes sense now, would it also not make sense to revisit the change that was made in August? A bigger concern is that if money goes unused in current fiscal year, then it is often considered as not needed during subsequent fiscal years.**

DDRS is currently monitoring utilization and what the impact has been in relation to the change. Since this change has only been in place since August, we do not yet have much information on utilization. Once data is available, we will review it to get a more comprehensive understanding of how the service is being used.

## Family Supports Waiver

**Has there been any discussion about increasing FSW allocation amounts? We have had to discontinue services or self-pay to do a full time day program.**
At this time, DDRS has not had conversations related to this matter, in part because we still have a wait list for that waiver. We have tried to be thoughtful about serving as many families as we can but will continue to evaluate this moving forward.

## Other Comments and Questions

**Can you discuss congregate living combinations across waivers—for example an A&D waiver recipient living with a CIH waiver recipient?**
Policies within the Division of Aging prevent individuals who may be receiving services from an A&D waiver with individuals who are receiving supports from one of the BDDS waivers from sharing staffing supports. There is nothing that prevents these individuals from living together and sharing resources as it relates to housing costs, food costs, etc.

**Are these slides available for review later?**
The slides will be posted to the DDRS website and an announcement will be sent through the listserv.

**Additional comments related to proposed CIH Waiver changes:**
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**Contact information for Nicole Norvell and Cathy Robinson, as shared in the webinar:**
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